Sanitarian Registration Program

Texas Department of State Health Services 1100 W. 49th Street Austin, Texas 78756 (512) 834-4517



ZZ103-151

Budget/Fund:

REQUEST FOR RETIRED PROFESSIONAL SANITARIAN EXEMPTION FORM \$150 FEE REQUIRED

This form and \$150 fee must be submitted while you are currently registered as a Professional Sanitarian in Texas. If your registration has expired, you must renew it before you apply for this exemption. If your registration will expire within the next 60 days, please be sure to mark the box below in order to expedite this application.

This form and the \$150 fee are not required if you meet the requirements in the "Transition" section of the rules 25 TAC §265.159(f). Please read the rules carefully before submitting this form, because all fees submitted to the Texas Department of State Health Services are non-refundable.

Sanitarian#					
Expiration date	Expires le	ess than 60 days from date of this ap	plication?	YES	NO
Name				-	
Mailing Address					
City/State/ZIP					
Is this an address change?	YES	NO			
Professional Sanitarians at understand that this exemption	25 Texas Administration is designed onl	ated to Exemption from Renewal astrative Code, Chapter 265.159 and by for retired sanitarians, and that in ply and meet the then-current re	that I qualify order to activ	for this exe vely practice	emption. I using the
Signature		Date			
		e will return this form to you with you ht to use the title "sanitarian" in acco			
you. You are entitled to re to correct any information Privacy Notification. (Refere	eve the right to require ceive and review the that is determined tence: Government Co	RIVACY NOTIFICATION est and be informed about information e information upon request. You also be incorrect. See http://www.dshs.ode , Section 552.021, 552.023, 559.003 RS - Retired Form Pub	have the right to state.tx.us for 3 and 559.004)	o ask the stat more inform	e agency ation on
Date Received	Date Approved	Approved by:			